

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002316

Entity Name: CABANA COLONY RESIDENTS LEAGUE, INC.**Current Principal Place of Business:**3608 ISLAND RD
PALM BEACH GARDENS, FL 33410**Current Mailing Address:**3608 ISLAND RD
PALM BEACH GARDENS, FL 33410 US**FEI Number: 11-3739744****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CONWAY, DENNIS W
3633 DUNES ROAD
PALM BEACH GARDENS, FL 33410 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	WILBER, MICHAEL
Address	3608 ISLAND RD
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	S
Name	DORE, D'VORAH
Address	12095 EASTERLY DR
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	VP
Name	SLINGER, MICHAEL
Address	3808 CATALINA RD
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	VP
Name	SLINGER, MICHAEL
Address	3808 CATALINA RD
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	DIRECTOR
Name	CONWAY, DENNIS W
Address	3633 DUNES ROAD
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	T
Name	SPILLMAN, VINCENT S
Address	3800 HOLIDAY RD
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	DIRECTOR
Name	FICKLING, STACEY
Address	12056 DOLPHIN DR
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	DIRECTOR
Name	FICKLING, STACEY
Address	12056 DOLPHIN DR
City-State-Zip:	PALM BEACH GARDENS FL 33410

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DENNIS W. CONWAY**DIRECTOR****04/15/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date